

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878)							SERIAL NO. <i>9742793</i>	FILING DATE <i>12-11-00</i>	APPLICANT(S)						
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	✓						51								
2		✓					52								
3		✓					53								
4		✓					54								
5		✓					55								
6		✓					56								
7		✓					57								
8		✓					58								
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13		✓					63								
14	✓						64								
15		✓					65								
16		✓					66								
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18		✓					68								
19		✓					69								
20		✓					70								
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41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	<i>2</i>	↓		↓		↓	TOTAL IND.		↓		↓		↓		
TOTAL DEP.	<i>23</i>	↓		↓		↓	TOTAL DEP.		↓		↓		↓		
TOTAL CLAIMS	<i>25</i>						TOTAL CLAIMS								